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Bib Data Sheet

|  |   |                               |   |                                     |                            |
|--|---|-------------------------------|---|-------------------------------------|----------------------------|
| SERIAL NUMBER<br>09/111,454  | FILING DATE<br>07/08/1998<br><br>RULE   | CLASS<br>382                  | GROUP ART UNIT<br>2623  | ATTORNEY<br>DOCKET NO.<br>49959-013 |                            |
| <b>APPLICANTS</b><br><br>ARIEL BEN-PORATH, REHOVOT, ISRAEL;<br><br>MARK WAGNER, REHOVOT, ISRAEL;<br><br>** CONTINUING DATA ***** <u>NONE YB</u> *****<br><br>** FOREIGN APPLICATIONS ***** <u>NONE YB</u> *****  |   |                               |   |                                     |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>YB</u><br>Examiner's Signature _____ Initials _____ |   | STATE OR<br>COUNTRY<br>ISRAEL | SHEETS<br>DRAWING<br>18   | TOTAL<br>CLAIMS<br>60               | INDEPENDENT<br>CLAIMS<br>8 |
| <b>ADDRESS</b><br>32588<br>APPLIED MATERIALS, INC.<br>2881 SCOTT BLVD. M/S 2061<br>SANTA CLARA , CA<br>95050   |   |                               |   |                                     |                            |
| <b>TITLE</b><br>AUTOMATIC DEFECT CLASSIFICATION WITH INVARIANT CORE CLASSES  |   |                               |   |                                     |                            |
| FILING FEE<br><br>RECEIVED<br>2462   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                            |